Date

	MODIFIED PTO/SB47 (07-0)
"FEE ADDRESS" INDICATION FORM	
Address to: MAIL STOP M CORRESPONDENCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
application. If there is a Customer Number already associatheek the first box below and provide the Customer Number	ddress should be specified when the patentee would like a different address than the correspondence address for the tied with the fee address for the patent or allowed application, er in the space provided. If there is no Customer Number plication, you must check the second box below and attach a
Please recognize as the "Fee Address" under the provisions ☑ Customer Number:	s of 37 CFR 1.363 the address associated with:
97632	
OR	
☐ Request for Customer Number (PTO/SB/125) attached in the following listed application(s) for which the Issue Fe	
PATENT NUMBER (if known)	APPLICATION NUMBER
7,676,534	10/562,002
Completed by (check one):	
☐ Applicant/Inventor	/DJCushing/
	Signature
Attorney or Agent of record 28703	David J. Cushing
(Reg. No.) Assignee of record of the entire interest. See 37 CFR 3.	Typed or printed name
Statement under 37 CFR 3.73 (b) is enclosed. (Form	
PTO/SB/96)	202-293-7060
	Requester's telephone number
☐ Assignment recorded at Reel Frame	July 14, 2010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.

forms are submitted.

□ *Total of